

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Charter  
Certificate from  
~~Bernard Perrine DBA~~  
LAKESIDE LIMOUSINE, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 - 222 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Bernard Perrine

Telephone: 704 957 9151

Address: 2012 Stone Quarter CT  
YORK, SC, 29745

Fax:

Other:

Email: B24FLY@AOL.COM

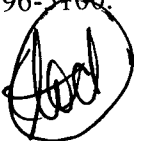
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☒ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 5/26/2010

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

LAKESIDE LIMOUSINE LLC

2012, STONE QUARTER CT, YORK, SC, 29745  
Street Address of Applicant

Mailing Address of Applicant if different from street address

704 957 9151  
Phone Fax

b24fly @ AOL .com  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Bernard Perrine dba Lakeside Limousine

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 5-MAY Year 2010

### Assets:

Cash	\$511 <sup>00</sup>
Receivables	- 0 -
Real Estate	- 0 -
Buildings and Equipment (Net)	- 0 -
Motor Vehicles (Net)	610,000 <sup>00</sup>
Garage Equipment (Net)	- 0 -
Machinery and Tools (Net)	- 0 -
Supplies on Hand	\$25 <sup>00</sup>
Prepays and Other Assets	- 0 -
<b>Total Assets</b>	
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	- 0 -
Notes Payable	- 0 -
Mortgages Payable	- 0 -
Equipment Obligations	- 0 -
Accrued Salaries and Wages	- 0 -
Other Accrued Obligations	- 0 -
Other Liabilities	- 0 -
<b>Total Liabilities</b>	- 0 -
Capital Stock	- 0 -
Retained Earnings	\$511 <sup>00</sup>
<b>Total Equity</b>	\$511 <sup>00</sup>
<b>Total Liabilities and Equity</b>	\$10,511 <sup>00</sup>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$ 500<sup>00</sup> - P H

Counties to be Served:

STATE WIDE

Maximum Number of Passengers per Vehicle:

8 - 15 passengers

## DESCRIPTION OF EQUIPMENT

[illegible]

140 " CRAFTSMAN

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**

The following insurance quote is for:

Lakeside Limousine LLC  
Name of Motor Carrier

2012 Stone Quarter Court York SC 29145  
Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 2595.00 Limits 1,500,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

American Southern Ins.  
Name of Insurance Company

2555 Kingston Rd. Ste. 250 York PA 17422  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6-11-10  
Date

  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

Bernard Perrine DBA LAKESIDE Limousine

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.
- ☒ Yes                      ☐ No
2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.
- ☒ Yes                      ☐ No
3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.
- ☒ Yes                      ☐ No
4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.
- ☒ Yes                      ☐ No
5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
- ☒ Yes                      ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

COUNTY OF )

YORK

Bernard Perrine

Applicant's Signature

I,

BERNARD PERRINE

Name of Applicant's Representative

OWNER

Title

of

LAKESIDE LIMOUSINE

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Bernard Perrine

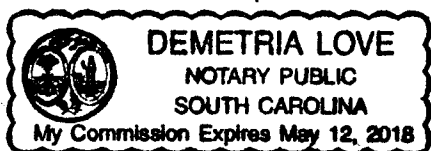
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 2nd day of June, 2010

Demetria Love  
Notary Public

Commission Expires May 12, 2018



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

LAKESIDE LIMOUSINE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 5th, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 6th day of May,  
2010

A handwritten signature of Mark Hammond in black ink, written in a cursive style.

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT  
COPY AS TAKEN FROM AND COMPARED  
WITH THE ORIGINAL ON FILE IN THIS OFFICE

May 06 2010

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

100506-0039

Filed: 5/5/2010

LAKESIDE LIMOUSINE LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION  
FOR A  
LIMITED LIABILITY COMPANY**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is LAKESIDE LIMOUSINE LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

2012 STONE QUARTER COURT

Street Address

YORK SC

29745

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

BERNARD F PERRINE

Electronically filed on SCBOS.

Signature not required.

Name

Signature

and the street address in South Carolina for this initial agent for service of process is

2012 STONE QUARTER COURT

Street Address

YORK SC

29745

City

Zip Code

4. The name and address of each organizer is

a) BERNARD F PERRINE

Name

2012 STONE QUARTER COURT

Street

YORK

SC US

29745

City

State

Zip Code

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:  
\_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:  
\_\_\_\_\_
7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.  
\_\_\_\_\_
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:  
\_\_\_\_\_
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer

Electronically filed on SCBOS.  
Refer to attached signature page.

Date 2010-05-05

**Signature Page Attachment to South Carolina Business One Stop  
(SCBOS) for the State of South Carolina Secretary of State**

This page must be completed, scanned, and submitted as an attachment when filing on SCBOS.

Type of Filing: ARTICLES OF ORGANIZATION (Limited Liability Company)

As Of: May 05, 2010 12:17 PM

Name of Limited Liability Company:

Lakeside Limousine LLC

Signature of Each Organizer:

Bernard F Perrine

Name



Signature

5-5-10

Date

*Sharon Jones*

Fax or e-mail your completed forms to:

SC Secretary of State  
(803) 734-1610  
SCBOS@SOS.SC.GOV

(Please e-mail signature forms in the following file  
formats only: Adobe .PDF, .GIF, or .JPEG  
extensions.)